



1           **260.49 Advisory committee. (1) DUTIES.** The board shall establish a health  
2       care advisory committee to advise the board on all of the following:

- 3           (a) Matters related to promoting healthier lifestyles.
- 4           (b) Promoting health care quality.
- 5           (c) Increasing the transparency of health care cost and quality information.
- 6           (d) Preventive care.
- 7           (e) Early identification of health disorders.
- 8           (f) Disease management.
- 9           (g) The appropriate use of primary care, medical specialists, prescription  
10       drugs, and hospital emergency rooms.
- 11          (h) Confidentiality of medical information.
- 12          (i) The appropriate use of technology.
- 13          (j) Benefit design.
- 14          (k) The availability of physicians, hospitals, and other providers.
- 15          (L) Reducing health care costs.
- 16          (m) Any other subject assigned to it by the board.
- 17          (n) Any other subject determined appropriate by the committee.

18           **(2) MEMBERSHIP.** The board shall appoint as members of the committee all of  
19       the following individuals:

- 20           (a) At least one member designated by the Wisconsin Medical Society, Inc.
- 21           (b) At least one member designated by the Wisconsin Academy of Family  
22       Physicians.
- 23           (c) At least one member designated by the Wisconsin Hospital Association, Inc.

(d) One member designated by the president of the Board of Regents of the University of Wisconsin System who is knowledgeable in the field of medicine and public health.

(e) One member designated by the president of the Medical College of Wisconsin.

(f) Two members designated by the Wisconsin Nurses Association, the Wisconsin Federation of Nurses and Health Professionals, and the Service Employees International Union.

(g) One member designated by the Wisconsin Dental Association.

(h) One member designated by statewide organizations interested in mental health issues.

(i) One member representing health care administrators.

(j) Other members representing health care professionals.”.

**57.** Page 1353, line 13: after that line insert:

“**SECTION 3085c.** 285.59 (1) (b) of the statutes is amended to read:

285.59 (1) (b) “State agency” means any office, department, agency, institution of higher education, association, society, or other body in state government created or authorized to be created by the constitution or any law ~~which~~ that is entitled to expend moneys appropriated by law, including the legislature and the courts, the Wisconsin Housing and Economic Development Authority, the Bradley Center Sports and Entertainment Corporation, the University of Wisconsin Hospitals and Clinics Authority, the Fox River Navigational System Authority, the Wisconsin Aerospace Authority, and the Wisconsin Health and Educational Facilities Authority, and the Healthy Wisconsin Authority.”.

1       **58.** Page 1497, line 21: after that line insert:

2       “**SECTION 3660d.** 609.01 (7) of the statutes is repealed.

3       **SECTION 3660h.** 609.10 of the statutes is repealed.

4       **SECTION 3660p.** 609.20 (1m) (c) of the statutes is repealed.

5       **SECTION 3660t.** 609.20 (1m) (d) of the statutes is repealed.”.

6       **59.** Page 1499, line 25: after that line insert:

7       “**SECTION 3665c.** 628.36 (4) (a) (intro.) of the statutes is amended to read:

8       628.36 (4) (a) (intro.) The commissioner shall provide information and  
9       assistance to ~~the department of employee trust funds~~, employers and their  
10      employees, providers of health care services, and members of the public, as provided  
11      in par. (b), for the following purposes:

12      **SECTION 3665g.** 628.36 (4) (b) 1. of the statutes is repealed.

13      **SECTION 3665n.** 628.36 (4) (b) 2. of the statutes is repealed.

14      **SECTION 3665t.** 628.36 (4) (b) 3. of the statutes is repealed.”.

15      **60.** Page 1504, line 8: after that line insert:

16      “**SECTION 3680b.** 632.87 (5) of the statutes is amended to read:

17      632.87 (5) ~~No insurer or self-insured school district, city or village~~ may, under  
18      a policy, plan, or contract covering gynecological services or procedures, exclude or  
19      refuse to provide coverage for Papanicolaou tests, pelvic examinations, or associated  
20      laboratory fees when the test or examination is performed by a licensed nurse  
21      practitioner, as defined in s. 632.895 (8) (a) 3., within the scope of the nurse  
22      practitioner’s professional license, if the policy, plan, or contract includes coverage  
23      for Papanicolaou tests, pelvic examinations, or associated laboratory fees when the  
24      test or examination is performed by a physician.

1           **SECTION 3687d.** 632.895 (8) (f) 4. of the statutes is created to read:

2           632.895 (8) (f) 4. A disability insurance policy providing only health care  
3           benefits not provided under the Healthy Wisconsin Plan under ch. 260.

4           **SECTION 3687f.** 632.895 (9) (d) 4. of the statutes is created to read:

5           632.895 (9) (d) 4. A disability insurance policy providing only health care  
6           benefits not provided under the Healthy Wisconsin Plan under ch. 260.

7           **SECTION 3687h.** 632.895 (10) (a) of the statutes is amended to read:

8           632.895 (10) (a) Except as provided in par. (b), every disability insurance policy  
9           ~~and every health care benefits plan provided on a self-insured basis by a county~~  
10          ~~board under s. 59.52 (11), by a city or village under s. 66.0137 (4), by a political~~  
11          ~~subdivision under s. 66.0137 (4m), by a town under s. 60.23 (25), or by a school district~~  
12          ~~under s. 120.13 (2)~~ shall provide coverage for blood lead tests for children under 6  
13          years of age, which shall be conducted in accordance with any recommended lead  
14          screening methods and intervals contained in any rules promulgated by the  
15          department of health and family services under s. 254.158.

16          **SECTION 3687j.** 632.895 (10) (b) 6. of the statutes is created to read:

17          632.895 (10) (b) 6. A disability insurance policy providing only health care  
18          benefits not provided under the Healthy Wisconsin Plan under ch. 260.

19          **SECTION 3687L.** 632.895 (11) (a) (intro.) of the statutes is amended to read:

20          632.895 (11) (a) (intro.) Except as provided in par. (e), every disability  
21          insurance policy, ~~and every self-insured health plan of the state or a county, city,~~  
22          ~~village, town or school district,~~ that provides coverage of any diagnostic or surgical  
23          procedure involving a bone, joint, muscle, or tissue shall provide coverage for  
24          diagnostic procedures and medically necessary surgical or nonsurgical treatment for  
25          the correction of temporomandibular disorders if all of the following apply:

1           **SECTION 3687n.** 632.895 (11) (c) 1. of the statutes is amended to read:

2           632.895 (11) (c) 1. The coverage required under this subsection may be subject  
3 to any limitations, exclusions, or cost-sharing provisions that apply generally under  
4 the disability insurance policy ~~or self-insured health plan.~~

5           **SECTION 3687p.** 632.895 (11) (d) of the statutes is amended to read:

6           632.895 (11) (d) Notwithstanding par. (c) 1., an insurer ~~or a self-insured health~~  
7 ~~plan of the state or a county, city, village, town or school district~~ may require that an  
8 insured obtain prior authorization for any medically necessary surgical or  
9 nonsurgical treatment for the correction of temporomandibular disorders.

10          **SECTION 3687r.** 632.895 (11) (e) 3. of the statutes is created to read:

11          632.895 (11) (e) 3. A disability insurance policy providing only health care  
12 benefits not provided under the Healthy Wisconsin Plan under ch. 260.

13          **SECTION 3687t.** 632.895 (14) (b) of the statutes is amended to read:

14          632.895 (14) (b) Except as provided in par. (d), every disability insurance policy;  
15 and every self-insured health plan of the state or a county, city, town, village or school  
16 district, that provides coverage for a dependent of the insured shall provide coverage  
17 of appropriate and necessary immunizations, from birth to the age of 6 years, for a  
18 dependent who is a child of the insured.

19          **SECTION 3687v.** 632.895 (14) (d) 7. of the statutes is created to read:

20          632.895 (14) (d) 7. A disability insurance policy providing only health care  
21 benefits not provided under the Healthy Wisconsin Plan under ch. 260.”.

22          **61.** Page 1644, line 14: after that line insert:

23          “(4c) HEALTHY WISCONSIN PLAN.

1           (a) *Legislative findings.* In establishing the Healthy Wisconsin Plan under  
2 chapter 260 of the statutes, as created by this act, the legislature finds all of the  
3 following:

4           1. 'Costs.' Health care costs in Wisconsin are rising at an unsustainable rate  
5 making the need for comprehensive reform urgent. Rising costs are seriously  
6 threatening the ability of Wisconsin businesses to globally compete; farms to thrive;  
7 government to provide needed services; schools to educate; and local citizens to form  
8 new and successful business ventures. Some indicators of rising costs are the  
9 following:

10           a. Total health care spending in Wisconsin in 2007 is projected to be \$42.3  
11 billion, and is projected to grow 82 percent, to \$76.9 billion, in the next decade.

12           b. The cost of employer-provided health care in Wisconsin increased by 9.3  
13 percent in 2006, averaging \$9,516 per employee. This figure is 26 percent more than  
14 the national average.

15           c. Employee premium contributions and out-of-pocket costs are rising faster  
16 than wages.

17           d. Rising costs have led to a decline in employer-provided health benefits. In  
18 1979, 73 percent of private-sector Wisconsin workers had employer-based health  
19 insurance coverage; however, only 57 percent received health benefits in 2004.

20           e. At least one-half of all personal bankruptcies in the United States are the  
21 result of medical expenses. Over 75.7 percent of this group had insurance at the  
22 onset of illness. In 2004, there were 13,454 medical bankruptcies in Wisconsin  
23 affecting 37,360 people.

24           f. The costs of health services provided to individuals who are unable to pay are  
25 shifted to others. Of the \$22 billion charged by hospitals in 2005, \$736,000,000 was

1 not collected. Those who bear the burden of this cost shift have an increasingly  
2 difficult time paying their own health care costs.

3 2. 'Access.' There is a large and increasing number of people who have no health  
4 insurance or who are underinsured. For this growing population, health care is  
5 unaffordable and, most often, not received in the most timely and effective manner.  
6 Some indicators of lack of access to health care are as follows:

7 a. Over one 500,000 Wisconsin residents were uninsured at any given point  
8 during 2007.

9 b. Over 65 percent of the uninsured in Wisconsin are employed.

10 c. The uninsured are less likely to seek care and, thus, have poorer health  
11 outcomes compared to the insured population.

12 d. In 2007, total spending on the uninsured in Wisconsin is projected to reach  
13 over \$1,000,000,000. About 23.2 percent of this amount will be in the form of  
14 uncompensated care; 21.7 percent will be provided through public programs; and  
15 37.5 percent will be paid by the uninsured individuals.

16 3. 'Inequity.' The health care system contains inequities. Some indicators of  
17 inequity are as follows:

18 a. Wisconsin businesses are competing on an uneven playing field. The  
19 majority of Wisconsin businesses that do insure their workers are subsidizing those  
20 businesses that are not paying their fair share for health care.

21 b. Our current system forces the sick and the aging to pay far higher premiums  
22 than the healthy and those covered under group plans, rather than spreading the  
23 risk across the broadest pool possible.

24 c. The uninsured face medical charges by hospitals, doctors, and other health  
25 care providers that are 2.5 times what public and private health insurers pay.

1           4. 'Inefficiency.' Wisconsin does not have a clearly defined, integrated health  
2     care system. Our health care system is complex, fragmented, and disease-focused  
3     rather than health-focused, resulting in massive inefficiencies and placing  
4     inordinate administrative burdens on health care professionals. Some indicators of  
5     inefficiency are as follows:

6           a. Health care financing is accomplished through a patchwork of public  
7     programs, private sector employer-sponsored self-insurance, commercial  
8     insurance, and individual payers. The most recent study for Wisconsin estimates  
9     that about 27 cents of every health care dollar is spent on marketing, overhead, and  
10    administration, leaving only 73 cents left to deliver medical care.

11          b. This fragmentation and misaligned financial incentives lead, in some  
12    instances, to excessive or inadequate care and create barriers to coordination and  
13    accountability among health care professionals, payers, and patients.

14          c. The Institute of Medicine estimates that between 30 cents and 40 cents of  
15    every health care dollar is spent on costs of poor quality — overuse, underuse,  
16    misuse, duplication, system failures, unnecessary repetition, poor communication,  
17    and inefficiency. Included in this inefficiency are an unacceptable number of adverse  
18    events attributable to medical errors. Patients receive appropriate care based on  
19    known "best practices" only about one-half of the time.

20          d. The best care results from the conscientious, explicit, and judicious use of  
21    current best evidence and knowledge of patient values by well-trained, experienced  
22    clinicians.

23           5. 'Limitations on reform.' Federal laws and programs, such as Medicaid,  
24    Medicare, Tri-Care, and Champus, constrain Wisconsin's ability to establish  
25    immediately a fully integrated health care system.



1           6. 'Wisconsin as a laboratory for the nation.' Wisconsin is in a unique position  
2           to successfully implement major health care reform. Many providers are already  
3           organized into comprehensive delivery systems and have launched innovative pilot  
4           programs to improve both the quality and efficiency of their care. Wisconsin is at the  
5           forefront in developing systems for health information transparency. Organizations  
6           such as the Wisconsin Collaborative for Healthcare Quality, Wisconsin Health  
7           Information Organization, and the Wisconsin Hospital Association have launched  
8           ambitious projects to provide data on quality, safety, and pricing.

9           (b) *Initial terms of Healthy Wisconsin Authority board.* Notwithstanding the  
10          lengths of terms of the members of the board of the Healthy Wisconsin Authority  
11          specified in section 260.05 (1) of the statutes, as created by this act, the initial  
12          members shall be appointed for the following terms:

13               1. One member each from section 260.05 (1) (a), (b), and (g) of the statutes, as  
14               created by this act, for terms that expire on July 1, 2009.

15               2. One member each from section 260.05 (1) (a), (b), and (e) of the statutes, as  
16               created by this act, for terms that expire on July 1, 2010.

17               3. One member each from section 260.05 (1) (c), (e), and (g) of the statutes, as  
18               created by this act, for terms that expire on July 1, 2011.

19               4. One member each from section 260.05 (1) (d), (f), and (g) of the statutes, as  
20               created by this act, for terms that expire on July 1, 2012.

21               5. One member each from section 260.05 (1) (a) and (b) of the statutes, as  
22               created by this act, for terms that expire on July 1, 2013.

23               6. One member each from section 260.05 (1) (a) and (b) of the statutes, as  
24               created by this act, for terms that expire on July 1, 2014.

1           (c) *Provisional appointments.* Notwithstanding the requirement for senate  
2 confirmation of the appointment of the members of the board of the Healthy  
3 Wisconsin Authority under section 260.05 (1) of the statutes, as created by this act,  
4 the initial members may be provisionally appointed by the governor, subject to  
5 confirmation by the senate. Any such appointment shall be in full force until acted  
6 upon by the senate, and when confirmed by the senate shall continue for the  
7 remainder of the term, or until a successor is chosen and qualifies. A provisional  
8 appointee may exercise all of the powers and duties of the office to which such person  
9 is appointed during the time in which the appointee qualifies. Any appointment  
10 made under this subsection that is withdrawn or rejected by the senate shall lapse.  
11 When a provisional appointment lapses, a vacancy occurs. Whenever a new  
12 legislature is organized, any appointments then pending before the senate shall be  
13 referred by the president to the appropriate standing committee of the newly  
14 organized senate.

15           (d) *Property tax credit.* If with respect to levies imposed for 2009, any taxing  
16 jurisdiction, as defined in section 74.01 (7) of the statutes, reduces the costs of  
17 providing health care coverage to its employees as a result of providing that coverage  
18 under the Healthy Wisconsin Plan under chapter 260 of the statutes, as created by  
19 this act, together with any supplemental coverage needed to ensure that the health  
20 care coverage provided to employees of the taxing jurisdiction is actuarially  
21 equivalent to the coverage they received in 2008, the taxing jurisdiction shall  
22 distribute at least 50 percent of the savings to the property taxpayers in the taxing  
23 jurisdiction as a reduction in the property tax assessments as of January 1, 2009.  
24 The reduction shall be calculated based on the equalized value of the property, as

1 determined under section 70.57 of the statutes, and shall reduce the property taxes  
2 otherwise payable in that year.”.

3 **62.** Page 1688, line 13: after that line insert:

4 “(4c) HEALTHY WISCONSIN PLAN. The treatment of sections 13.94 (1) (dj) and (1s)  
5 (c) 5., 16.004 (7d) and (7h), 40.05 (4) (a) 4., (ag) (intro.), (ar), (b), and (be) and (4g) (d),  
6 40.51 (1), (2), (7), (8), and (8m), 40.52 (1) (intro.), (1m), and (2), 40.98 (2) (a) 1., 49.473  
7 (2) (c), 49.665 (5) (ag), 49.68 (3) (d) 1., 49.683 (3), 49.685 (6) (b), 49.687 (1m) (d), 59.52  
8 (11) (c), 60.23 (25), 66.0137 (4), (4m) (b), and (5), 109.075 (9), 111.70 (1) (dm) and (4)  
9 (cm) 8s., 111.91 (2) (pt), 120.13 (2) (b) and (g), 149.12 (2) (em), 609.01 (7), 609.10,  
10 609.20 (1m) (c) and (d), 628.36 (4) (a) (intro.) and (b) 1., 2., and 3., 632.87 (5), and  
11 632.895 (8) (f) 4., (9) (d) 4., (10) (a) and (b) 6., (11) (a) (intro.), (c) 1., (d), and (e) 3., and  
12 (14) (b) and (d) 7. of the statutes, the renumbering and amendment of sections 40.51  
13 (6) and 62.61 of the statutes, and the creation of sections 40.51 (6) (b) and 62.61 (1)  
14 (b) of the statutes take effect on January 1, 2009.”.

15 (END)